Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
					C		
		HAL078101	B. WING		08/0	3/2016	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE			
PARKTO	PARKTON PLACE 1165 WEST PARKTON TOBEMORY RD PARKTON, NC 28371						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE COMP		(X5) COMPLETE DATE	
C 000	Initial Comments		C 000				
	Report of a Compla on 08/03/2016:	int Survey by Frank Strickland					
	The Complaint alleged that the toilets and showers were backing up into the facility and there was sewer water on the floors making it to the corridors.						
	licensed as an Assi February 1, 1971 for Therefore, the facili Rules for the Home the applicable portion Desired Standards for the Aged and Interest	at this facility was first sted Living Facility on or Eighty-two (82) beds. It is required to meet the 1971 is for the Aged and Disabled; ons of the 2005 Minimum and and Regulations for Homes firmed; and the 1967 North ding Code; Group D-2 ancy.					
	taken by ACLS before Construction-Section (Housekeeping clean the floors upon arrival Inspector) and visual construction of the construction of th	on arrived on site aned up all sewer issues on val of Construction-Section al inspection of the septic over-capacity leaching					
	Physical plant defic Plan of Correction is	iencies will be cited and a s required.					
C 160	Outside Premises-0	Clean, Safe	C 160				
	(1) The outside gro						

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL078101	B. WING		08/0	3/2016
NAME OF PROVIDER OR SUPPLIER PARKTON PLACE STREET ADDRESS, CITY, STATE, ZIP CODE 1165 WEST PARKTON TOBEMORY RD PARKTON, NC 28371						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 160	maintain the gounds lack of grounds maintain the gounds main premature failure of system. Findings on 08/03/2 Observation of the statement o	et as evidenced by: ations, this facility has failed to s surrounding the facility. The intenance can result in the drain field for the septic	C 160			
C 189	Building Equipment SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (a) The building an mechanical, and plu care home shall be operating condition. (k) This Rule shall facilities with the ex	11 OTHER d all fire safety, electrical, umbing equipment in an adult maintained in a safe and	C 189			
	maintain the septic condition. This has services for residen housekeeping and tactivities have halte	et as evidenced by: ation, this facility has failed to system in an operating resulted in no waste water t bathing, clothes washing, food preparation and these d. This current condition is ents, staff and guests.				

Division of Health Service Regulation STATE FORM

LZKM21 If continuation sheet 2 of 3

Division of Health Service Regulation

	ER/SUPPLIER/CLIA CATION NUMBER:				(3) DATE SURVEY COMPLETED		
HALO	78101	B. WING		08/0) 3/2016		
NAME OF PROVIDER OR SUPPLIER			STATE. ZIP CODE	1 00/0	3/2010		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1165 WEST PARKTON TOBEMORY RD PARKTON, NC 28371							
(X4) ID SUMMARY STATEMENT OF DI PREFIX (EACH DEFICIENCY MUST BE PRE TAG REGULATORY OR LSC IDENTIFYIN	ECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE		
C 189 Continued From page 2 Findings on 08/03/2016: a) Site inspections revealed the holding tank is a two compartments system and was currently oversewer pumps were turned-off an non-operational. Consquently, affluent surrounding the holding odor that one could smell from the facility at the rear. b) Robeson County Enviornment Department issued a notice of A short term Plan of Protection consisting of the facility obtaining a septic contractor to pump the	nent chamber -capacity. The and there was sewer g tank with sewer the ramp side of ental Healt violation. was approved ng the services of	C 189					

Division of Health Service Regulation STATE FORM